

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

Van Ness Feldman, P.C. Political Action Committee

ADDRESS (number and street)

1050 Thomas Jefferson Street, NW

☐(Check if address  
is changed)

Washington

DC

20007

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

cjr@vnf.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.vnf.com

COMMITTEE'S FAX NUMBER

2023382361

2. DATE

M M  
0 1/ D D  
0 4/ Y Y Y Y  
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00205369

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Thomas Roberts

Signature of Treasurer

Electronically Filed by

Thomas Roberts

Date

M M  
0 1/ D D  
0 4/ Y Y Y Y  
2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)



Write or Type Committee Name

**Van Ness Feldman, P.C. Political Action Committee**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Caroline J. Roach**

Mailing Address **One 9th Street, SE**  
**Apt. 3**  
**Washington DC 20003**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**  
**Legislative Asst 202 298 1980**

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Thomas Roberts**

Mailing Address **1546 N. Ivanhoe Street**  
**Arlington VA 22205**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**  
**Member 202 298 1930**

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

\_\_\_\_\_

CITY STATE ZIP CODE 